

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/406795

FILING DATE

09/28/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52				1		
3		1		1			53				1	1	
4		1		1			54				1		
5		1		1			55				1		
6		1		1			56				1		
7		1		1			57				1		
8		1		1			58			1			
9		1		1			59				1		
10	1		1				60				1		
11		1		1			61				1		
12		1		1			62				1		
13		1		1			63				1		
14		1		1			64				1		
15		1		1			65				1		
16		1		1			66				1		
17		1		1			67				1		
18		1		1			68			1			
19			1				69				1		
20				1			70				1		
21				1			71				1		
22				1			72				1		
23				1			73				1		
24				1			74				1		
25				1			75				1		
26				1			76				1		
27				1			77				1		
28				1			78				1		
29			1				79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39			1				89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49			1				99						
50				1			100						
TOTAL IND.	2						TOTAL IND.			8			
TOTAL DEP.	16						TOTAL DEP.			69			
TOTAL CLAIMS	18						TOTAL CLAIMS			77			